

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Antoine Roberts, MD

Mailing Address 4841 Orinda Ave

City State Zip Code
 Los Angeles CA 90043-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931505

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Samuel L Combs, MD

Mailing Address 1827 Harrison Ave
 Bldg 1

City State Zip Code
 Panama City FL 32405-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Orthopaedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James Kevin Lynch, MD

Mailing Address 1 Church St 4th Fl

City State Zip Code
 New Haven CT 06510-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 23931508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)